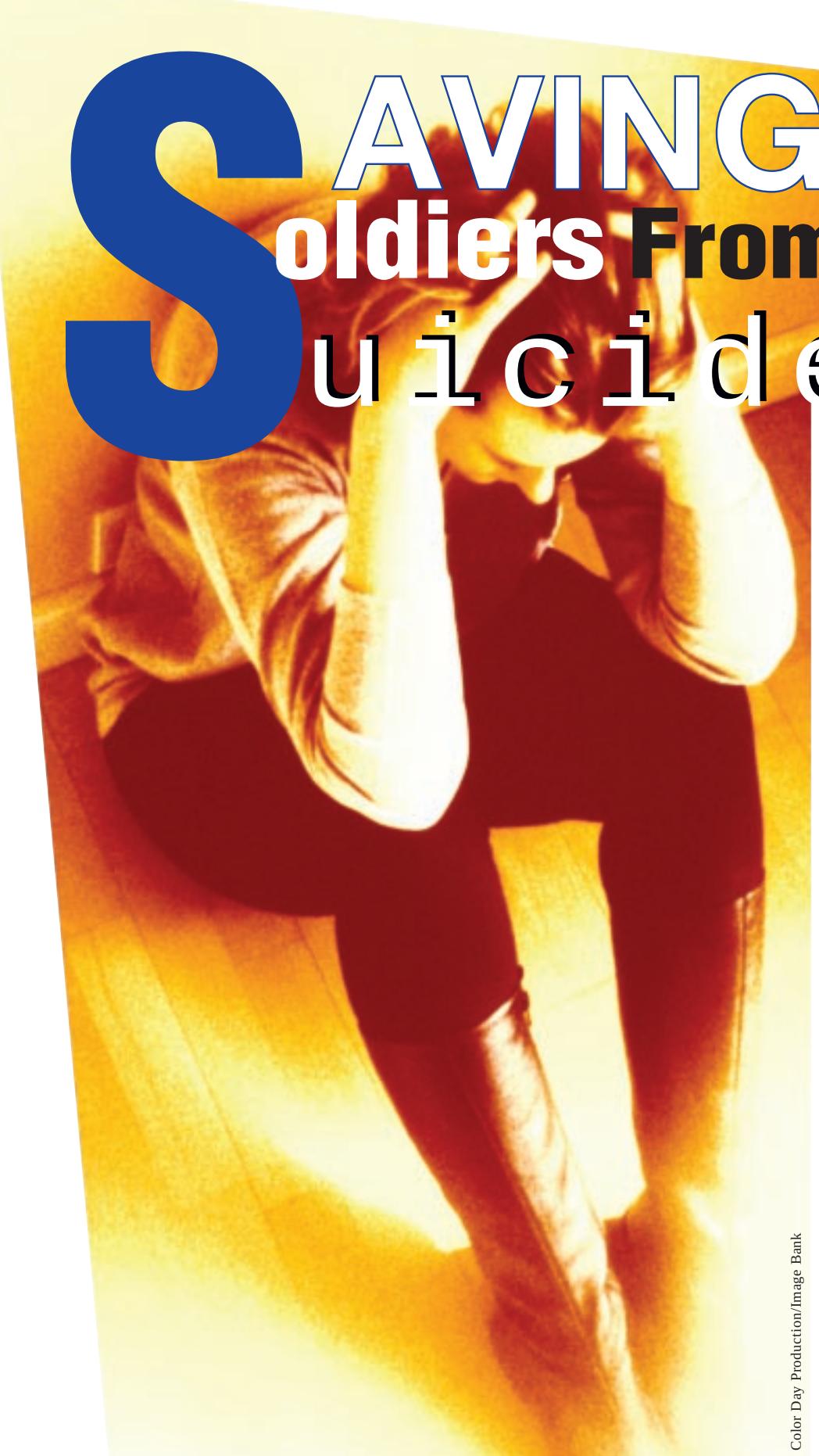
Soldiers Online

SAVING Soldiers From Suicide



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Story by Heike Hasenauer

SOLDIERS accept the fact that death is an occupational hazard. They know they could die in combat, while on peacekeeping missions, or even during training. But death by suicide has no place in the patriotic root of military service.

Suicide is the third leading cause of death among active-duty soldiers in peacetime, according to the American Association of Suicidology and the Army's Center for Health Promotion and Preventive Medicine.

Suicides among active-duty, National Guard and Reserve soldiers dropped from 73 in 1999 to 64 in 2000. But the more recent statistic represents the only decrease in the suicide rate since 1997, U.S. Army Casualty Operations Center records indicate.

At the time this article was written Criminal Investigation Command officials were investigating additional noncombat deaths that could also eventually be ruled suicides: one in 1999 and seven in 2000, according to a USACOC report.

As tragic as even one suicide is, the Army's suicide rate is proportionately lower than that of the civilian sector, said LTC Glen Bloomstrom, family ministry chaplain in the Army's Office of the Chief of Chaplains.

"Lots of people talk about suicide," Bloomstrom said. "It comes up in casual conversation every day, as people say: 'Life has become so complicated, sometimes I'd just like to kill myself.' When someone actually commits the act, those affected by the senseless tragedy often wrestle with the idea that they might have prevented it."

One study indicates a rate of one death for every 100 suicide attempts, which, in turn, results in varying types and degrees of self-inflicted injuries, said Dr. (LTC) Stephen Cozza, chief of the psychiatry department at Walter

Reed Army Medical Center, Md.

"That means that if we try only to reduce actual suicides, we're targeting only one percent of the potential problem," added Chaplain (LTC) Gregory Black of CHPPM.

The overwhelming responsibility to identify soldiers and family members at high risk for committing suicide lies with commanders, community health-services personnel, unit ministry teams and other caregivers, Bloomstrom said.

It's overwhelming because there's no one type of potential suicide victim, he said. However, because suicide is proportionate across the board, most victims are active-duty, married white males, privates to specialists, between the ages of 21 and 25, USACOC records show.

A recent survey revealed that when soldiers need help in a crisis, they talk to spouses, family members, friends, chaplains or chaplain's assistants, in that order, Bloomstrom said.

"Since we have the majority of 'helping' persons in the Army, we are often the first responders," he added. When troubled soldiers or family members come to a chaplain for help, he or she has to make a judgement call about who is seriously contemplating suicide and who isn't.

"If we refer everyone who says the 's' word, the Army's mental health services would be swamped," Bloomstrom said. "By the same token, we don't want to overlook someone who needs help. So it's important that Unit Ministry Teams work in concert with mental health professionals."

In November, the Department of the Army Suicide Prevention Work Group briefed the Army chief of staff on its proposed changes to the existing suicide-prevention program, said LTC Jerry Swanner, the Army's suicide-prevention program manager.

Later that month, 120 chaplains and their assistants completed routine suicide-prevention training at the Menninger Clinic in Topeka, Kan., but the new Army Suicide Prevention Campaign introduced a supplemental two-day, hands-on program called ASIST, or Applied Suicide Intervention Skills Training.

"The ASIST workshop walks a person through the theory, but also incorporates role-playing and small-group discussions," said MAJ Steve Nelson, 23rd Quartermaster Brigade chaplain at Fort Lee, Va.

ASIST, developed by LivingWorks Education, a Canadian nonprofit organization, helps caregivers recognize and estimate risks and intervene to prevent suicide, Nelson said.

"It's comparable to CPR on the health side," said Dr. Richard Ramsay, a sociology professor at the University of Calgary and LWE's president.

"CPR is physical first-aid. ASIST is emotional first-aid, to help those at risk stay safe and seek further help," Swanner said. "ASIST actually uses the acronym CPR — for current plan, past history and resources — to identify high-risk factors." Caregivers can assess an individual's risk by combining his or her answers to a standard set of questions, history of prior behavior, and connections to other people and resources.

With that information, ASIST-trained personnel will be able to "triage" patients and refer those needing immediate help to community health services, Swanner said.

Besides incorporating ASIST, the new campaign shifts the focus of suicide prevention from the perception of being strictly a chaplain's program to what it has always been, "a commander's community program," Bloomstrom said. Chaplains will, however, continue to conduct most of the awareness training within their units.

"Our goal is to have two ASIST trainers at every installation to conduct routine workshops," he said. Individuals who want to teach ASIST must first complete two days of ASIST training, plus the five-day ASIST trainers course.

ASIST training will be offered to anyone who might be a first-responder

to at-risk soldiers and family members. Those individuals include Army Community Services, Youth Services and Family Advocacy Program employees, military police, selected members of the chain of command and others, Bloomstrom said.

"Talking with soldiers who are contemplating suicide is a weekly event at this AIT post," said CPT Ken LeBon, 262nd Quartermaster Battalion chaplain at Fort Lee. "After holidays, when they return from leave, bringing a lot of stress, I typically refer several soldiers to community mental-health services for help."

Others may be in limbo for a week before their AIT begins, added Nelson. "The present uncertainty about the training, coupled with a personal history of depression or other suicides in the family, may be indicators that a person needs help. Past sexual abuse, together with a present stressful situation, may also cause someone to contemplate suicide."

Recently, a female soldier came to LeBon's office for help. She said the authoritative training environment caused her to have flashbacks to a time when she was abused.

Others may be struggling with depression even though they have no history of it.

CPT Eric Meyners, a Fort Eustis, Va., chaplain, said most of the 500 soldiers he sees annually are trainees learning how to fix helicopters. "They despair when something happens at home and they aren't there to fix it. It could be a terminally ill parent, the breakup of a relationship or illness of a child. Twenty-five percent of the soldiers who come to see me have suicide on their minds," he said.

He refers them to mental health services. "It's not voluntary, but I haven't had a soldier say he didn't want to go," Meyners said.

Most graduate from AIT and continue their Army careers.

Soldiers seeking help to overcome personal and emotional problems initially complete a form that contains questions about their unit, stress level, marital situation and other aspects of their lives, Nelson said. "When they check a lot of the questions, I confront them, and soon they're in tears." That alone is an indicator that something is very wrong.

"There's a preponderance of depression with associated symptoms in the people I see," said Dr. (LTC) John Theroux, chief of the Department of Behavioral Health at Womack Army Hospital, Fort Bragg, N.C.

Depressed individuals can experience insomnia, loss of appetite, a low energy level, difficulty concentrating, and an overall lack of interest in doing things they once enjoyed. "Hopelessness and helplessness are associated themes," he said.

Of 30 to 50 admissions to Womack's in-patient psychiatry ward every month, three-quarters are due to soldiers' thoughts of suicide, Theroux said.

Hospitalized patients on the ward all receive crisis counseling that helps them to see what they perceive to be a hopeless situation — because their depression distorts reality — more realistically. They also undergo life-skills and stress- and anger-management training.

Cozza said soldiers are sometimes concerned about the stigma attached to mental illness, and the effect a mental-health referral might have on their careers.

"I tell them, getting help affects their careers much less than if they were not referred and, instead, attempted or committed suicide, or continued to suffer from a mental illness or depression," he said.

"My experience has been that once we've initiated a health-care plan the incidence of recurrence is low," Theroux said.

Some reports, like the one published on the Internet at **www.webmd.com**, however, indicate that about one-third of the people who attempt suicide will attempt it again within a year, and 10 percent of the people who try to kill themselves will eventually succeed.

Reports of confirmed suicides show that relationship problems account for about 75 percent of deaths. Other contributing factors are pending or recent legal action against the victim, financial problems and substance abuse.

While the reasons for depression may not change, the new emphasis on suicide-risk awareness and assessment, through improved and more widespread training, should help Army communities better identify at-risk soldiers and get them the treatment they need to help them get well. □

CID's Role

WHEN an unexplained, noncombat death is reported anywhere in the Army, CID agents investigate it as a homicide, collecting critical forensic evidence at the scene and questioning anyone who might help them identify potential suspects and determine possible cause, said CID current operations chief CW5 J.W. Gee.

Psychological investigations by mental-health professionals provide critical information about the changes in the victim's behavior and recent state of mind, among other things, Gee said. But it's ultimately CID's forensic scientists who take the doubt out of suicide cases.

CW3 T.L. Williams is one of CID's forensic science officers and has investigated hundreds of deaths during her 11 years as an agent. "I don't think any of the deaths I've investigated that turned out to be suicides have been the same," she said. Of eight confirmed suicides last year at Fort Hood, Texas, for example, each was different. "The soldiers were from different units and killed themselves for different reasons."

"In the 30 years I've been in CID, I found that suicide isn't something people do on the spur of the moment," added Gee. A series of events typically occurred that eroded the victim's self-esteem and self-worth."

CID agents don't go into any death investigation with a preconceived notion that it's a suicide, said Williams. Unlike movie and TV scenarios of suicide, the method of death isn't confined to a gunshot to the head or slashed wrists.

CID makes a determination of suicide only after a thorough investigation has been completed, Gee said. — *Heike Hasenauer*